

Running head: EXPLORING BEREAVEMENT IN ALBANIAN STUDENTS

EXPLORING BEREAVEMENT IN ALBANIAN COLLEGE STUDENTS  
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### **Exploring Bereavement in Albanian College Students**

Death of a love one can be an extremely painful and emotional experience as adjustment to grief and bereavement can take months or years. The term bereavement is used to describe an event that would include a feeling of loss, whereas grief is used to describe the emotional reaction to bereavement (Stroebe, Schut, & Stroebe, 2007). In other words, bereavement refers to the state of loss and grief to the reaction of loss.

Although the inevitability of death makes grief and bereavement universal experiences, adjustment to grief is subject to substantial variation between individuals as well as cultures (Stroebe & Schut, 1998). As grief and bereavement have been shown to have negative effects on people's health; both physical and emotional (Stroebe et al., 2007), mental health providers should have all the necessary tools to differentiate "normal" grieving across cultures in order to provide the best possible help for bereaved individuals.

Although many types of bereaved populations have been researched, some remain unexplored. One population that has been given very little attention when it comes to bereavement is college students. Approximately 30% of college students in the United States have had a family member or friend pass away in the past 12 months, and 39% have experienced the same type of loss in the past 24 months (Balk, Walker, & Baker, 2010). To date, there is no research examining how Albanian college students or other populations in Albania grieve. The present study explored samples of bereaved Albanian college students in the U.S. and in Albania to fill this gap in the literature.

### **Physical and Psychological Symptoms**

As stated earlier, individuals who have lost a loved one have been shown to experience negative physical and emotional symptoms. Stroebe et al. (2007) published a literature review of a large number of studies examining the health outcomes of bereavement. Stroebe et al. found that bereavement was associated with an increased risk of mortality from many causes including suicide, alcohol related diseases, and health related diseases. With respect to physical health, they found a high prevalence of physical health complaints including headaches, dizziness, indigestion, and chest pain. In addition, they reported that medication usage and perceived ratings on illness severity were higher among bereaved individuals.

In addition to physical symptoms, Stroebe et al. (2007) reported that bereaved individuals also experienced a wide range of psychological symptoms. Their literature review showed many studies reporting positive relationships between grief and anxiety, depression, posttraumatic stress disorder, insomnia, and social dysfunction. Bereaved individuals were also found to experience guilt, anger, loneliness, suicidal ideations, fatigue, social withdrawal, loss of appetite, and other negative effects due to their loss.

### **Clinical Importance**

Grief and bereavement are clinically important for many reasons. For example, failure to engage in grief work (defined as the cognitive process of confronting the reality of loss, of going over events that occurred before and at the time of death, and of focusing on memories and working towards detachment from the deceased) has been seen as a primary cause of chronic and unresolved grief (Bowlby, 1980; Lindemann, 1944; Worden, 1996). In other words, failure to engage in grief work would interfere with the resolution of grief later on in life. Similarly,

deliberately avoiding grief processing has been associated with negative outcomes of adjustment; leading to delayed manifestations of grief and somatic symptoms such as depression and anxiety (Osterweis, Solomon, & Green, 1984).

Furthermore, individuals who do not work through their grief within six months and who still experience physical and emotional problems as a result of the death may be diagnosed with complicated grief. Complicated grief has been defined as “the deviation from the normal grief experience in either time, intensity, or both, entailing a chronic and more intense emotional experience or an inhabited response, which either lacks the usual symptoms or in which onset of symptoms is delayed” (Stroebe et al., 2007, p. 1965). Efforts are being made to include complicated grief as a category of mental disorders in forthcoming editions of the Diagnostic and Statistical Manual (DSM; Prigerson & Maciejewski, 2005). The criteria for complicated grief proposed for the future DSM edition (edition 5) includes chronic and disruptive yearning and four of the following symptoms in the past six months: trouble accepting death, inability to trust others, excessive anger and bitterness, trouble moving on, numbness or detachment, feeling empty and meaningless, bleak future, and feeling agitated (Prigerson & Maciejewski, 2005). In addition, the criterion requires that the four symptoms mentioned above cause persistent dysfunction in social, occupational, or other important domains.

Some people seek out counseling when they grieve. Fortunately, psychotherapeutic interventions and resources exist to help clients deal with grief and bereavement issues. Grief counseling has been shown to be a helpful form of psychotherapy (Gamino, Sewell, Hogan, & Mason, 2009). Most grieverers who sought out counseling found the experience to be helpful (Schut, Stroebe, van der Bout, & Terheggen, 2001). However, grief counseling is found to be mostly beneficial to individuals suffering from complicated grief, rather than individuals who

grieve “normally” (Schut et al., 2001). Even receiving traditional cognitive behavioral therapy can benefit individuals who suffered from complicated grief (Shear, Frank, Houch, & Reynolds, 2005). Therefore, information gained from the present study should provide additional empirical data which should be helpful for mental health providers who work with grieving clients.

## **Grief and Outcome**

Although mostly limited to the U.S. (for an exception, see Marshall & Sutherland, 2008), a large body of research has been devoted to outcome factors of grieving. For the purpose of the present study, I will discuss some, but not all outcome factors that have been found to affect bereavement. These selected outcome factors include: situational factors, demographic factors, relationship with deceased, religion, and social support. Other factors such as race/ethnicity and personality are either not relevant to Albanians or will not be measured in the present study.

**Situational Factors.** Researchers have identified situational factors that help explain why some individuals have worse outcomes and why others do not. Stroebe et al. (2007) reviewed the relevant literature and concluded that the situation and circumstance of death are major predictors of grief and outcome. Specifically, whether the death of a loved one was sudden, unprepared, untimely, or traumatic has been shown to play a big part on bereavement outcome. When death is traumatic, individuals reported more posttraumatic stress disorder symptoms as well as symptoms of depression (Kaltman & Bonanno, 2003). In addition, Van der Houwen et al. (2010) found that unexpected death, compared to expected death, was associated with more depressive and grief symptoms.

Multiple losses and witnessing extreme terminal illness increased the impact of the loss. However, “good death” (e.g., good medical care and reducing distress of dying individuals) was



shown to ameliorate the effect of the loss. Another situational factor that affects the bereavement process is financial status. Van der Houwen et al. (2010) reported income decline as a result of the loss (or a lack of financial means) was associated with more grief, depressive symptoms, and emotional loneliness.

**Demographic Factors.** Demographic factors that affect bereavement include age and gender. According to Sanders (1988), for younger widows, as compared with middle aged and old aged, sudden death of a husband produced more negative symptoms on bereavement outcome. Interestingly, younger widows suffered more from psychological problems, whereas older widows suffered more from physical problems.

However, there are mixed findings on whether men or women suffer more health consequences (Sanders, 1998). Van der Houwen et al. (2010) found that women had more grief and negative mood outcomes when compared to men. In contrast, Lee et al. (2001) found that widowhood was more depressing for men than women. Sanders suggested that one possible reason for the conflicting findings is gender differences in symptom reporting. Parkes and Brown (1972) found that men complained about fewer symptoms than women in both the bereaved and control groups; indicating that men and women report symptoms differently. Another possible reason for the mixed findings is the relationship of the bereaved to the deceased. Kricbergs et al. (2004) found that women were more psychologically distressed than men were when the loss was that of a child.

**Relationship with Deceased.** As mentioned, research has revealed that the type of relationship the individual had with the deceased can impact bereavement. However, thus far, studies have found a difference in outcome only in death of a child and death of a spouse. Loss of a child has been found to be associated with more persistent grief and depression than loss of a

spouse (Bonanno, Papa, Lalande, Zhang, & Noll, 2005). Parents who had lost a child reported more anger, guilt and feelings of despair than those who had lost a spouse and adult children who had lost a parent (Sanders, 1980). In addition, parents who had lost a child felt a loss of control over their lives, and mothers experienced high levels of guilt for several years after the loss (Sanders, 1980). In addition, death of a child can shift family relationships and marriages can suffer from the stress that is accompanied by the loss. Fish (1986) reported an estimate of 50 to 90% of bereaved parents separate or divorce.

In contrast, Van der Houwen et al. (2010) found that only those who lost a partner, but not individuals who had lost a child or a parent, experienced emotional loneliness. However, Fish (1986) reported that it was not how the bereaved was related to the deceased that affected grief level, depressive symptoms, or mood. Rather, it was whether the relationship with the deceased was good or poor that impacted bereavement (Stroebe et al., 2007), with poor relationships associated with more difficulties in bereavement.

**Religion/Spirituality.** Surprisingly, little research is devoted to examining whether religion and/or spirituality are helpful in adjusting to bereavement (Wortmann & Park, 2008). Van der Houwen et al. (2010) reported that people who were more spiritual experienced similar depressive symptoms and emotional loneliness as those less spiritual. From a literature search on articles examining these topics, Wortmann and Park (2008) concluded that the relationship between religion and/or spirituality and bereavement are generally positive (e.g., increased self-esteem and lower depression symptoms); however, a few studies have found a negative relationship. These inconsistent findings were due to different ways religion was measured.

**Social Support.** Social support is important during the bereavement period (Benkel, Wijk, & Molander, 2009). Kaunonen, Tarkka, Paunonen, and Laippala (1999) reported that

widows who had more social support allowed themselves to grieve more and that social support from family members was found to be helpful. In addition Van der Houwen et al. (2010) found that lower levels of social support in bereaved individuals were associated with negative mood, higher levels of grief, and symptoms of depression.

### **College Students and Bereavement**

Research has recently started to explore how college students in the U.S. are affected by bereavement. As mentioned, Balk et al. (2010) found that about 1/3 of college students had lost a family member or friend within a 2-year period, suggesting that researchers need to also focus on college students when studying bereavement. Specific topics that have been explored in the grieving college population are: outcome factors, perception of the world, coping styles, negative outcomes (e.g., depression), and positive outcomes (e.g., maturity). Because the current study focused mostly on exploring how Albanians grieve in general (since no previous study has explored grief in this population), these topics were not be measured, however, the studies which have explored these topics will be briefly discussed in order to see what has been researched when it comes to bereaved college students.

**Negative Outcomes.** Research has found some negative outcomes in bereaved college students. Tyson-Rowson, (1996) explored grief responses of female undergraduate students who had lost their father. The students experienced depression, generalized anger, and also self-destructive thoughts and behaviors as a result of their loss.

Hardison, Neimyer, and Lichstein (2005) found that rates of insomnia were higher in bereaved individuals than their control group of college students. In addition, bereaved insomniacs scored higher on complicated grief measures than non-insomniacs. Lastly, the study

found that specific sleep variables such as sleep onset insomnia related to nightmare rumination regarding the loss were directly related to complicated grief symptoms.

**Positive Outcomes.** Although most studies have focused on negative aspects of bereavement, several studies have found some positive outcomes in bereaved college students. Tyson-Rowson (1996) found that bereaved college students reported signs of maturity such as independence. In addition, Oltjenbrus (1996) found most college students reported a deeper appreciation for life, strengthened emotional attachments, and increased emotional strength.

**Outcome Factors in College Students.** The type of attachment (how attached one is with the deceased) with the deceased played a role on bereavement outcome in college student. Balk (1995b) reported that the attachment college students had with the deceased directly influenced the symptoms of loss. Students with greater attachment to the deceased scored higher on the Beck Depression Inventory, the Texas Inventory of Grief, and other measures of distress.

**Perception and Coping Styles.** Perception of the world and coping styles have also been studied in the college population. Schwartzberg and Janoff-Bulman (1991) conducted a study measuring benevolence of the world, meaningfulness of the world, and self-worth of 21 bereaved college students who had lost a parent. Findings suggested that compared with the control group, the bereaved college students were significantly less likely to believe a meaningful world. In addition, individuals who experienced less intense grief had a greater ability to find meaning and make sense of the loss.

Schnider, Elhai, and Gray (2007) explored coping styles in college students who experienced complicated grief. They found that complicated grief was positively correlated with problem focused coping (coping that involves actively planning or engaging in a specific behavior), active emotional coping (venting one's emotional distress), and avoidant emotional

coping (using denial to avoid the distress). In a path analysis, the study controlled for time and trauma frequency and found that active emotional coping and problem focused coping were no longer significant predictors of cognitive grief, suggesting that avoidant emotional coping best accounted for the variance in complicated grief. Thus, college students who did not emotionally accept the loss were at higher risks of experiencing complicated grief.

Although there is limited research on how college students grieve, there is no empirical data on how Albanian college students grieve, in Albania or in the U.S. It is important to study Albanian college students in both countries because it is not known if Albanians living in the U.S. adapt to the American way of grieving, which is more laid back, and the public expression of grief may not be as encouraged as other cultures (Walsh & McGoldrick, 2004). Thus, while Albanians living in the Albania may grieve a certain way, Albanians living in the U.S. may grieve differently. This is a limitation past studies have had when exploring grief in other countries. Thus, the present study sought to determine whether these two populations are similar or if they differ in the grieving process (e.g., factor outcomes, behaviors, stressors).

### **Bereavement in Other Cultures**

“Every culture throughout history has had its own way of mourning” (Walsh & McGoldrick, 2004, p. 119). Although mourning patterns may change through immigration and contact with other cultures, there still remains a large difference in mourning when it comes to culture. Thus, it is clinically important to be aware of these differences when assessing bereaved individuals or families because the definition of “normal” grieving may vary from culture to culture.

Researchers have also recently explored the role of culture on bereavement. Although most features of grief, such as crying, are universal, some publicly exhibited behaviors may be influenced by the culture in which a person is from. For example, in Egypt, it is considered as part of normal grieving for a mother to remain withdrawn, mute, and inactive for a period of seven years (Young & Papadatou, 1997). In contrast, a Balinese mother may start to exhibit signs of calmness and cheerfulness shortly after the death of her child because it is believed that emotional upset makes the individuals vulnerable to illness. Other mourning behaviors that have been researched in other cultures include: manner and duration, public versus private expression, and context of death.

**Manner and Duration.** What is presumed to be a “normal” manner and length of time for mourning differs across cultures. In countries such as the U.S. and Great Britain, funerals are carried out in the most practical and simple way, as there is a belief that emotionality can be dangerous (Walsh & McGoldrick, 2004). The funeral serves as a social function to provide opportunities for reminiscing about the loss. In other countries such as Greece and Italy, women traditionally wear black for the rest of their lives after the loss of a husband or child. In addition, in Italy, it is common for family members to jump into the grave when the coffin is lowered (Walsh & McGoldrick, 2004).

Cross cultural differences also exist in duration of grief. In the Navajo Indian culture, individuals typically grieve for four days, and after this short mourning period, they go back to their lives (Miller & Schoenfeld, 1973). In contrast, the Kota individuals who come from southern India have a much longer period of mourning (Strobe & Schut, 1998). In fact, they hold two types of ceremonies, the green (symbolizing a new and fresh experience) and the dry (symbolizing a “dry” loss) funerals. The green funeral is held shortly after death. The dry funeral

is an extended ceremony held annually to remember those who have died (Strobe & Schut, 1998).

**Public vs. Private.** Cultures also tend to differ on whether grief is expressed publicly or privately. In Puerto Rican culture, it is within the cultural grieving norms for women to express themselves dramatically through displays of uncontrollable emotions (Walsh & McGoldrick, 2004). In addition, in Southeast Asian cultures, public display of emotion when one is grieving is considered appropriate, whereas in private, individuals are expected to control their emotions (Walsh & McGoldrick, 2004). In contrast, families of British ancestry are expected to maintain decorum in public and to deal with their emotional responses only in private (Walsh & McGoldrick, 2004).

**Context of Death.** Cultures also tend to differ in regards to context of death. For family members of British ancestry, it is preferred to die in a hospital (instead of home) where the family is not inconvenienced (Walsh & McGoldrick, 2004). In contrast, for culture groups from Greece, Puerto Rico, and Italy, a death outside the family's home is considered a double tragedy, as it is believed to be an unnatural deprivation not to be with family when one is in need of care (Walsh & McGoldrick, 2004).

In summary, culture heavily influences grieving practices. While several studies have begun to examine grieving in different cultures, many cultures remain unexplored. In addition, researchers have yet to examine grieving college students outside the U.S. Therefore, the present study sought to explore how Albanian college students in the U.S. and in Albania grieve to fill this gap in the bereavement literature.

### **What Do We Know About Albania and Bereavement?**

Orgocka and Jovanovic (2006) documented the importance of family in Albanian individuals. They stated that Albanian customs and norms emphasize a person's commitment and closeness to his/her family. Similarly, Littlewood (2002) described Albania as a close knit country, where individuals are devoted to their family and community. Limited research that included Albanians have examined gender violence (Van Hook, Haxhiymeri, & Gjermeni, 2000), spousal violence (Burazeri et al., 2005), and the mental health system (Keste et al., 2006). However, nothing is known about the Albanian way of grieving.

Because there is no empirical data yet on how Albanians grieve, the following information was gathered from informal interviews with several members of the Albanian communities in both the U.S. and Albania. Grieving rituals that Albanian individuals may practice normally take place with family and friends and rarely alone (M. Topi, personal communication, August 3, 2010; M. Kamberi, personal communication, August 9, 2010). In Albanian funerals, even people who do not know the individual that has passed often attend because it is a sign of respect.

Albanians have specific rituals when someone passes away (M. Topi, personal communication, August 3, 2010; M. Kamberi, personal communication, August 9, 2010). It is important to note that these rituals have been around for decades and because there are no current studies exploring grief in Albania, it is not known who still follows these rituals and who does not. One ritual, for example, is when a relative dies, the immediate family wears black for one year, and the extended family and friends wear black for forty days. Another ritual is to avoid any celebration for a full year after someone passes, including birthdays, holidays, and weddings. Thus, if a wedding was supposed to take place, it is usually postponed one year. There are also



gatherings at different points of the one year mark. Family and friends get together seven days after the death (called “shtatat”), forty days after (“dyzetat”) and lastly, one year after. All these gatherings are meant to honor the person who has passed.

## **Goals and Hypotheses**

Because bereavement and grief have been shown to have negative health consequences and have also been shown to be clinically important, researchers have spent a lot of time focusing on the phenomenon of bereavement. Mostly, these studies have been conducted in the U.S. focusing on the American culture and non-college student populations. Thus, very few studies have examined college students’ grieving or grieving college students in other cultures. In summary, the present study is interested in exploring how Albanian college students grieve using samples of bereaved Albanian students living in Albania and in the U.S.

First, because there has been no past research exploring the Albanian way of grieving, the present study explored how Albanians grieve to provide qualitative data summarizing this culture’s way of grieving. The present researcher sought to answer the following questions:

1. What behaviors do Albanians engage in when they grieve?
  - a. What grieving rituals do Albanians practice?
  - b. What are the expected manner and duration of the grieving process?
  - c. To what extent does grieving occur in public and/or in private?
  - d. Does the context of death influence how Albanians grieve?
2. What do Albanians abstain from due to the loss?
3. What emotions do they express?
4. What do they think about when they grieve?

5. What do they find helpful when it comes to grieving?

Second, another purpose of this study was to examine whether factors such as situational contexts, demographic factors, relationship with deceased, religion, and social support are associated with grief outcomes in Albanian college students. Based on prior research on U.S. American samples, the following hypotheses were made:

6. Situational factors:

- a. Participants who experience unexpected loss versus expected will be less adjusted to grief.
- b. Compared to those who experienced one loss, participants who have experienced multiple losses will be less adjusted to grief.
- c. Compared to those who do not report financial decline, participants who report financial decline due to the loss will be less adjusted to grief.

7. Demographic factors:

- a. Compared to older individuals, younger individuals will be less adjusted to grief.
- b. Compared to men, women will report being less adjusted to grief.

8. Relationship with deceased:

- a. Compared to those with any other type of loss, participants who experience the loss of a child will be less adjusted to grief.
- b. Compared to those with good/close relationships with the deceased, participants who had poor/distant relationships with the deceased will be less adjusted to grief.

9. Religion:

- a. Compared to those who are more spiritual, participants who are less spiritual will be less adjusted to grief.

10. Social Support:

- a. Compared to those with more social support, participants who report lower social support will be less adjusted to grief.

## **Method**

### **Participants**

Using snowball sampling, the researcher recruited Albanian college students from the United States and college students from the Tirana, Albania metropolitan area. To participate in the study, participants had to have experienced the loss of a family member (parent, child, sibling, spouse, significant other), an extended relative (grandparent, cousin, uncle/aunt), and/or a friend within the past ten years, but no more recent than the past six months. Forty-seven participants completed the study; however four participants were excluded because they had experienced their loss either less than six months ago, or more than 10 years ago. The time passed since losing a loved for the remaining participants ranged from six months to 10 years ( $M = 46.12$  months). Six participants had lost an immediate family member, 27 had lost an extended relative, and 10 had lost a friend. Participants ranged from 18 - 59 years in age ( $M = 29.72$ ). Twenty-seven were female and 16 were male. Three of these individuals were from Tirana, Albania, and 40 were from the United States.

## **Procedure**

Participants completed the study online through InQsit, a testing and surveying system created at Ball State University by Dan Fortriede and Vernon Draper. There, they answered a series of questionnaires. Before they completed the questionnaires, the researcher obtained their informed consent and provided written instructions on how to fill out the questionnaires. The questionnaires took between 20 minutes to two hours to complete. Participants were entered in a random drawing to win a \$30 gift certificate.

In order to address the negative emotions, anxiety, or distress participants may have felt due to the questions they were asked, the researcher informed them that they would be asked to reflect on their feelings, thoughts, and behaviors as a result of the death of someone close to them. They were also informed that they could withdraw at any time during the study without penalty. In addition, at the end of the study, participants were provided with a debriefing statement which included a number of crisis line centers and counseling centers to contact if negative emotions, anxiety, or distress were to arise.

## **Measures**

**Outcomes.** The Inventory of Complicated Grief-Revised (Prigerson & Jacobs, 2001) and the Texas Revised Inventory of Grief (Faschingbauer, 1981) were used to assess grief adjustment. Because there is no current adjustment questionnaire particularly suited for grief and other issues the present study wished to investigate, these scales were determined to be most appropriate measures of adjustment. In addition, they have been used by prior researchers to measure adaptation of bereavement, complicated grief, and long term dysfunction due to grief (e.g., Boerner, Schulz, & Horowitz, 2004; Schnider, Elhai, & Gray, 2007).

The Inventory of Complicated Grief-Revised (ICG-R) assesses a distinct cluster of symptoms that have been found to predict long term dysfunction (Prigerson & Jacobs, 2001). This questionnaire consists of 37 questions and is in the form of a Likert scale with one open ended question (Appendix A). The ICG-R makes the distinction between complicated grief, anxiety, and depression. It has four scores: a Total Score, a Separation Distress Criterion Score, a Traumatic Distress Criterion Score, and an Impairment Criterion. However, the Separation Distress and Traumatic Distress scales have been shown to be the most reliable scales of the questionnaire, thus the present researcher used only these two subscales. Traumatic distress is associated with numbness, anger and bitterness due to the loss, whereas separation distress is associated with yearning and longing for the loss of the relationship (Holland & Neimeyer, 2011). Sample questions include: “*Memories of \_\_\_\_ upset me*” (separation distress subscale) and “*I feel that I have trouble accepting the death*” (traumatic distress subscale). The entire measure has high internal consistency, with a Cronbach alpha coefficient of .92-.94 and test-retest reliability of .80 (Prigerson et al. 1995), and high concurrent validity with other scales ( $r = .70$ , Doorn et al., 1998). The internal consistency from the present study for the Separation Distress scale was .76 and .89 for the Traumatic Distress scale. Individuals with higher scores on the ICG-R scales have been shown to be impaired in social, general, mental and physical health functioning.

Texas Revised Inventory of Grief (TRIG) is a 21 item scale designed to measures the extent of unresolved or pathological grief (Faschingbauer, 1981; Appendix B). It consists of two subscales because it measures two points of time: the present (time of data collection) and the past (immediately after loss occurred). Each statement has a 5 response option from

1 (*completely true*) to 5 (*completely false*). Respondents with high scores on both scales are classified as having prolonged grief. Individuals with low scores on both scales are classified as having low grief. In addition, low grief on past behavior and high grief on present behavior are categorized as indicative of delayed grief. Finally, high grief on past behavior and low grief on present are classified as reflecting acute grief. Thus, the TRIG questionnaire distinguishes from prolonged grief, acute grief, delayed grief, and low grief. Split half reliability of .81 and internal consistency and of .77 and .86 have been reported for both subscales. In addition, the present study found an internal consistency of .90 and .93 for the subscales using the Albanian college student population. Validity has been established through strong correlations with other grief measures (Faschingbauer, Devaul & Zisook, 1977; Hansson, Carpenter, & Fairchild, 1993).

**Outcome Factors.** The Multidimensional Scale of Perceived Social Support (MSPSS, (Zimet, Dahlem, Zimet, & Farley, 1988) was used to measure perceived social support. The scale is a 12 item self-report measure of perceived social support from family, friends, and significant others. Items are measured on a 5 point scale from 1 “*Strongly Disagree*” to 5 “*Strongly Agree*”. Higher scores on the MSPSS indicate a higher level of perceived social support. For the purpose of this study, the questionnaire was modified to measure perceived support at the time of loss by adding the phrase of “at time of loss” to each question (Appendix C). The MSPSS has shown to have good internal consistency with adult samples (Cronbach Alpha of .88; Zimet et al., 1988). In the present study, the MSPSS showed to have good internal consistency with the Albanian college students (Cronbach Alpha of .94).

**Exploratory Data.** A part qualitative, part quantitative bereavement questionnaire was created by the presenter researcher. The questionnaire consists of 28 questions, 22 of which are open ended and six are sets of Likert scale items (Appendix D). This questionnaire explores

outcome factors discussed earlier in the literature review (e.g., situational factors, demographics, relationship with deceased, and religion).

In addition, the bereavement questionnaire was used to explore how Albanian individuals grieve in general (emotionally, cognitively, and behaviorally), what they find helpful, and from what they abstain.

## **Results**

### **Behaviors**

**Rituals.** The researcher gave participants a list of 27 behavioral rituals and asked if they engaged in any of the rituals during their loss in order to find out what were the most frequently engaged behaviors for Albanian college students. The percentage of the individuals who engaged in each of the 27 rituals can be found in Table 1. More than 70% of the participants engaged in the following rituals: speaking to others about the loved one, displaying photos of the loved one at home or in the workplace, showing photos of loved one to others, spending time with people that were special to the person who passed, lighting a candle for the loved one, having a special meal with others to remember the loved one, praying for the loved one, visiting the grave or shrine of loved one, wearing something to remember the loved one, and visiting the place where the loved one passed. In addition to what behaviors the participants mostly engaged in, there were three behaviors in which less than 26% of the participants engaged in: writing a letter to the person who passed, attending a support group and attending individual therapy.

If the individuals answered “yes” to participating in the rituals, they were also asked about the helpfulness of the rituals. The results revealed that the top three most helpful behaviors were: speaking to other about the love one, spending time with people that were special to the person

who passed, and lighting a candle for the loved one. Table 2 illustrates the percentages of rituals found helpful that were engaged in by at least 70% of the participants.

**Manner and Duration.** The majority (53.2%) of the participants were able to attend the funeral of the person who passed (29.8% could not because they were in a different country, 10.6% did not attend but did not disclose why, and 6.4% did not disclose whether they attended). The individuals who attended the funeral described it as a ceremony in which family, friends, and members of the community attended in order to say their goodbyes and pay respect to the immediate family of the person who passed. Most individuals who disclosed the duration of the funeral described it to be around one to two hours.

To understand the manner of which Albanians grieve after the funeral, participants were asked how they coped with their grief and how they expressed their grief in general. Two major themes emerged. Twenty-seven percent of the participants stated that they coped with their loss by being around and talking to family and friends, while 14.9% stated they coped by crying. When asked how they expressed themselves, the same two themes emerged: 44.7% stated through crying, and 17% said by talking to friends and family.

**Public vs. Private.** Participants were asked if their behaviors occurred in public or in private. Most of them (68.1%) stated that they occurred in private, 17% said in public, 12.8% said both public and private, and 2.1% did not disclose this information.

**Context of Death.** Whether the loved one died at home, in a hospital, or elsewhere was not specified by most participants. Thus the context of death and how it may be associated with the Albanian way of grieving could not be measured.

**Abstained Behaviors.** When asked if there were any activities the participants abstained from partaking in due to the loss, 46.5% of the participants said yes. Of the participants who



answered yes, 65% abstained from social gatherings (e.g., holidays, parties, vacations, events, gatherings, celebrations), and 25% abstained from informal social activities (e.g. stopped seeing people, pushed others away).

In addition, we asked participants if there were any daily behaviors they stopped partaking in due to the loss. Thirty four percent abstained from daily activities due to the loss. Of these, 37.5% abstained from recreational activities (e.g., going to the gym, sports, television, radio), 18.8% abstained from work or school, and 18.8% abstained from social activities (e.g., phone calls, going out, parties).

## **Emotions**

The most common emotions people expressed when dealing with their loss were: sadness, anger, confusion, discouragement, fatigue, feeling blue and loneliness. The least common emotion people reported was relief. The frequency of all 27 emotions is reported in Table 3.

## **Cognition**

We asked participants what they found themselves thinking about at the time of their loss. Individuals answered “quite a bit” or “extremely” to the following thoughts: good memories with the loved one (91.5%), how they passed away (76.6%), thinking of things that they could have done with the loved one but did not get the chance to (70.2%), questioning why they died (61.7%), and wondering what the future will be like without the loved one (61.7%).

### **Overall Helpfulness**

We asked participants what they found most helpful during their time of loss. One major theme emerged; 53.2% of the participants stated that talking to and being around family, friends, and extended relatives helped the most with their grieving.

### **Grief Outcomes**

Pearson correlation coefficients were computed to assess the relationship between the grief adjustment variables and income, age, relationship closeness, religion/spirituality, and social support. Independent sample t-tests were computed to compare the means of independent variables: situational factors (expected vs. unexpected death and multiple losses vs. single loss), and gender with the dependent variables: ICG-R (separation and traumatic distress scales) and the TRIG (past and present). A one way ANOVA was used to compare the relationship type of the loss (immediate family member, extended relative, or friend) with the dependent variables: ICG-R (separation and traumatic distress scales) and the TRIG (past and present).

Qualitative data were interpreted by three different judges, one male and two female psychology college students. The researcher first read through all the qualitative responses and created coding categories based on underlying themes that emerged. Then, the judges independently read the participants' responses and coded them into the categories provided. Lastly, the codings of the three judges were analyzed. The coding between all three rates had good internal consistency, with Cronbach's alphas ranging from .79 - .98.

**Situational Factors.** Independent-samples t-tests were conducted to compare grief outcome in expected and unexpected loss using Bonferroni adjusted alpha levels of .0125 per test (Table 4). Individuals who experienced unexpected loss scored higher on the TRIG-present questionnaire,  $t(41) = -3.16, p = .00$ ; (expect  $M = 37.83$ , unexpected  $M = 49.60$  unexpected), indicating that when the loss was unexpected, individuals experience more delayed grief than those whose loss was unexpected (instead of prolonged or acute grief). However, no group differences were found on the TRIG-past scale,  $t(41) = -1.35, p = .18$ ; the ICG-R Separation Distress scale,  $t(40) = -.90, p = .38$ ; or the ICG-R Traumatic Distress scale,  $t(40) = -.76, p = .45$ . These results indicate that losing a loved one, whether expected or not, did not appear to relate to separation distress or traumatic distress. Thus, the present researcher found partial support for hypothesis 6a.

Independent-samples t-tests were conducted to compare grief outcome in individuals who had experienced one loss and ones who had experienced more than one loss using Bonferroni adjusted alpha levels of .0125 per test (Table 4). The hypothesis that participants who experienced more than one loss will score higher on the ICG-R scales and the TRIG scales was not supported;  $t(41) = .26, p = .80$  (Separation Distress);  $t(41) = .20, p = .84$  (Traumatic Distress);  $t(42) = .93, p = .36$  (TRIG-present);  $t(42) = -.19, p = .85$  (TRIG-past). The results showed that those who had one loss and those who had multiple losses reported no significant differences in unresolved grief or distress. Thus, hypothesis 6b was not supported.

Pearson correlation coefficients were computed to assess income change and grief outcome (Table 5). The results showed significant negative correlations between income change (decline versus increase) due to the loss and the ICG-R Traumatic Distress subscale

( $r = -.32, n = 41, p = .04$ ), but not between income change and the ICG-R Separation Distress subscale, ( $r = -.29, n = 41, p = .07$ ). Furthermore, income was negatively correlated with the TRIG-present questionnaire ( $r = -.33, n = 42, p = .04$ ), but not with the TRIG-past ( $r = -.14, n = 42, p = .38$ ). Thus, individuals whose income decreased due to the loss experienced traumatic distress and delayed grief (instead of prolonged or acute), but not separation distress. Thus, hypothesis 6c was partially supported.

**Demographic Factors.** The hypothesis (7a) that older individuals will be less adjusted to grief than younger individuals was not supported (Table 5). In addition, independent-sample t-tests using Bonferroni adjusted alpha levels of .0125 showed there were no significant mean differences between males and females and grief adjustment:  $t(42) = -2.04, p = .08$  (TRIG-present scale),  $t(42) = .53, p = .63$  (TRIG-past scale),  $t(41) = -.98, p = .36$  (Separation Distress),  $t(41) = -.85, p = .37$  (Traumatic Distress). Thus, men and women had similar levels of unresolved grief and distress. Therefore, hypothesis 7b was not supported.

**Relationship with Deceased.** The original hypothesis, compared to those with any other type of loss, participants who experience the loss of a child will experience higher grief, could not be tested because only one participant experienced the loss of a child. However, each type of loss was assigned to one of the following categories: loss of an immediate family member (child, parent, spouse, significant other, and sibling), loss of an extended relative (grandparent, aunt/uncle and cousin), and loss of a friend. A one-way between subjects ANOVA was conducted to compare these three types of losses. There was a significant effect on type of loss and the Separation Distress scale,  $F(2, 38) = 3.25, p = .05$ . Post hoc comparisons using the Bonferroni test indicated that the mean score of loss of an immediate family member

( $M = 13.17$ ,  $SD = 3.87$ ) was significantly higher than the mean score of loss of an extended relative ( $M = 9.08$ ,  $SD = 3.71$ ), indicating that losing an immediate family member was associated with more separation distress than losing an extended relative. However, losing a friend ( $M = 9.22$ ,  $SD = 3.03$ ) did not significantly differ from losing an immediate family member or an extended relative. There were no significant effects between relationship type and the Traumatic Distress scale,  $F(2, 38) = 2.10$ ,  $p = .14$ ; the TRIG-present,  $F(2, 39) = 2.46$ ,  $p = .01$ ; or the TRIG-past,  $F(2, 39) = 1.54$ ,  $p = .23$ , indicating that losing an immediate family member, an extended relative or a friend had similar levels of traumatic distress and unresolved grief. Thus, hypothesis 8a was partially supported.

The hypothesis (8b) that participants who report to have had a distant relationship with the deceased versus a close relationship will be less adjusted to grief could not be examined because not one participant rated their relationship with the loved one as distant.

**Religion.** Pearson correlation coefficients were computed to assess the relationship between religion/spirituality and grief outcome (Table 5). There were significant negative correlations between religion and both the Traumatic Distress scale of the ICG-R,  $r = -.44$ ,  $n = 43$ ,  $p = .01$ , and the Separation Distress scale,  $r = -.34$ ,  $n = 43$ ,  $p = .03$ ; indicating less religious individuals have higher traumatic and separation distress. There were no significant correlations between the TRIG-present,  $r = -.22$ ,  $n = 43$ ,  $p = .15$ ; or the TRIG-past,  $r = -.13$ ,  $n = 43$ ,  $p = .40$ . Thus, how religious an individual is, is not related to unresolved grief. Therefore hypothesis 9 was partially supported.

**Social Support.** The hypothesis that lower social support will be associated with higher scores on both outcome scales was not supported. Pearson correlation coefficients indicated positive relationships between social support and the Traumatic Distress scale and the TRIG-

present scale (Table 5). Thus, contrary to the proposed hypothesis, the results showed that participants who had more social support experienced more traumatic distress and more delayed grief (instead of prolonged or acute). No significant correlations were found between social support and the TRIG-past scale or the Separation Distress scale.

## **Discussion**

### **Social Support**

Several major themes emerged in the study. One was the importance of being with family and friends during the time of loss. As mentioned in the literature review, Albania is a close knit country where individuals are devoted to their family, friends, and community (Littlewood, 2002). The present study found that some of the most frequent rituals individuals engaged in were: sharing a special meal with others to remember the loved one, speaking about the person with others, showing photos of the loved one to others, and spending time with people that were special to the person who passed. All these rituals take place with others, which corroborates the perspectives shared through personal communication by Albanian individuals; that grieving normally takes place with family and friends. In addition, when asked how they coped with their loss, the theme of talking to and being around friends and family once again emerged.

Furthermore, when asked what they found most helpful during the time of loss, more than half of the participants once again said talking to and being around friends, family, and extended relatives. These findings are also consistent with what Balk (1997) found; the majority of the students sampled from Kansas State University stated that talking about the death with someone had proved helpful.

In contrast with these findings, results showed that when perceived social support was high, participants experienced traumatic distress and delayed grief. These results contradict the finding that most of the participants stated social support as what they found to be most helpful during their loss. In addition, they also contradicted what Van der Houwen et al. (2010) found; that lower levels of social support in bereaved individuals were associated with negative mood, higher levels of grief, and symptoms of depression. However, Kaunonen, Tarkka, Paunonen, and Laippala (1999) reported that widows who had more social support allowed themselves to grieve more (express more). Thus, it could be possible that the individuals who experienced more traumatic distress and delayed grief sought out more social support and allowed themselves to grieve more by expressing their anger and distress with others.

In addition, studies which have found social support to play a positive role in bereavement have sampled individuals who had low social support and ones who had high social support. In the present study, only one individual rated their social support to be low. Thus, the remaining 42 participants' results suggest that they either perceived to have social support during the time of loss or perceived to have high social support during the time of loss. Thus, essentially, the current study compared individuals with moderate social support and those with high social support. This factor may help explain these seemingly contradictory findings, as previous findings have focused on low versus high social support.

### **Private versus Public Grieving**

Whereas in the United States grieving is found to be more private, in other cultures (e.g., Greece, Italy) grieving is more public (Walsh & McGoldrick, 2004). The present study found that most individuals reported grieving in private. Because the majority of the participants were

living in the United States, it could be possible that they have partially adapted to the grieving norms of the U.S. culture. However, most participants expressed being with and speaking to family or friends about the loss, thus expressing their thoughts and emotions with others.

Because the present study found that Albanians are extremely close with their family and friends, it is possible that these individuals view expressing their emotions with their family and friends as a form of private grieving whereas expressing emotions with individuals outside their familial sphere or environment constitutes public grieving.

### **Supported and Unsupported Predictions**

**Delayed Grief.** Delayed grief (as compared to prolonged and acute grief) was the only type of grief found to be associated with situational factors examined in this study. Specifically, those who had an unexpected loss and financial decline experienced more delayed grief than those whose loss was expected or those who did not experience financial decline. This is consistent with prior research showing that when an unexpected death occurs, people use denial as a buffer during the time of the loss (Kübler -Ross, 1970). This denial may continue for some time, thus preventing the individual from dealing with what has occurred. The continual denial precipitates to a postponement in grief processing, which leads to delayed grief (Weitzman, 2003).

Although studies in the past have found that individuals who experienced financial decline displayed more depressive symptoms and emotional loneliness (e.g., Van der Houwen et al. 2010), the present study is the only one that explored delayed grief in relations to financial decline. The present study showed that those who had decreases in financial resources after a death experienced more delayed grief than those whose experienced no financial decline. It may



be that when they have fewer financial resources, individuals are preoccupied with work and ways to raise their income to support their family. Thus, they may be putting off their grief for the time being because they are overwhelmed by these financial challenges.

**Traumatic Distress.** Individuals who experienced a financial decline due to the loss also experienced traumatic distress. This finding is consistent with research showing that traumatic distress is associated with situational factors surrounding the death itself (Holland & Neimeyer, 2011). In addition, participants who were less religious or spiritual also experienced more traumatic distress. This result is in agreement with prior research (Chappele, Swift, & Ziebland, 2011; Wortmann & Park, 2008) which found that when dealing with traumatic death, individuals turned to spirituality or religion for help because they found comfort, support, and belief in continued existence after death.

**Separation Distress.** Religion and spirituality was also found to be associated with separation distress. Individuals who were less spiritual had higher rates of separation distress. Prior research showed that individuals who are more spiritual believed in a continued existence after death (Chappele, Swift, & Ziebland, 2011). The majority of the participants in the present study identified as Muslim or Christian, two groups whose doctrines endorse a belief in the afterlife. Thus, it may be possible that individuals who are more spiritual are not having a difficult time separating from the deceased (as compared to those who are less spiritual) because they might believe that in the afterlife, they will reunite with the deceased.

Separation distress was associated with the type of relationship with the deceased. Individuals who lost an immediate family member experienced higher separation distress than those who lost an extended relative. Because a person is typically emotionally closer to her or his immediate family members than to their extended relatives, it appears logical that they may have

a more difficult time separating from a person who was closer to them (e.g., child, parent, sibling).

**Unsupported Findings.** The results from the present study did not support several of the study hypotheses one of which was that compared to older individuals, younger individuals will be less adjusted to grief. This prediction was based on Sanders' (1988) finding that younger widows displayed more negative symptoms than older widows when their husband had passed. One reason why this hypothesis was not supported in the present study might be that none of the participants had lost a spouse. Future studies should explore whether Sanders' findings are generalizable to non-widowed populations.

Another hypothesis that was not supported was that compared to those who experienced one loss, those who experienced multiple losses will have more difficulty adjusting to grief. It is important to note that previous researchers suggest that these losses must occur at the same time (Hansson et al., 1993). Most individuals in the present study who specified the timeline between losses had a gap of over two years.

A final hypothesis that was not supported was related to gender and grief adjustment. As stated in the literature review, differences between gender and grief outcome are mixed as they depend on the type of population sampled. The finding from the present study may simply suggest that gender differences in grief adjustment may not be significant in Albanian college students.

### **Limitations and Future Studies**

There were a few limitations to the study. First, it was not possible to test some of the hypotheses because of the small sample sizes of several groups of interest. Specifically, most

participants had either lost an extended relative or a friend but very few participants had lost an immediate family member. No one in the study reported losing a spouse or a significant other. Only one participant had lost a child. In addition, 40 of the participants were living in the U.S., and only three were living in Albania. Thus, it was not possible to explore possible differences between individuals in the U.S. and in Albania. In addition, because most Albanian individuals were living in the U.S., they were unable to attend the funeral of the deceased, making it challenging to assess the rituals and behaviors displayed at Albanian funerals. Future studies should focus on a more diverse sample in order to examine these differences.

Second, the participants' feelings towards the loss immediately after it occurred was measured in the present time and not when these feeling actually arose. What individuals were feeling at the time of the loss and what they thought they were feeling then could very much differ from each other. Thus, a study measuring bereavement at the time of the loss and at the present time may produce more accurate results.

Furthermore, even though all participants were asked that they speak fluent English in order to participate in the study, because English is not their first language, some participants could have had difficulty expressing themselves. In addition, a few participants expressed dropping out of the study due to the language barrier.

It is also important to discuss that the participants in the study we self selected. Thus, it could be possible that individuals who had higher levels of grieving did not choose to participate in the study because doing so would have triggered negative emotions, anxiety, or distress to them.

Since the present study found that Albanians grieve in private, future studies could focus on exploring what private grieving means to Albanians. Is it grieving among family and close

friends or is it grieving in complete solitude? This information would further clarify how most Albanian individuals deal with grief.

Lastly, all data collected was done through self-report questionnaires. Because Albanian grieving is something that has not been explored, it may be more beneficial to conduct interviews with the individuals because some of the data found could not be followed up with more questions or clarifications.

### **Theoretical Implications**

Most participants stated that they confronted their loss instead of avoiding the loss. In addition, when asked what they found most helpful, they stated speaking to others about the loss and being with others during the time of loss, thus, fitting the notion that grief work requires confronting distress (Bowlby, 1980; Lindemann, 1944; Worden, 1996).

Because individuals cope differently with loss depending on their culture, Stroebe and Schut (1998) proposed the Dual Process Model (DPM) as a model of effective coping taking cultural variation into account. The DPM theorized that bereaved individuals cope with two type of stress aspects, loss oriented and restoration oriented. But how they cope with each of these stress aspects varies according to cultural and individual differences. Loss orientation stressors are defined as stressors which a bereaved person is dealing with some aspect of the loss experience itself. Previous theories that fall within loss orientation are the theory of grief work (cognitive process of confronting the reality of loss). In the present study, some stressors that fit within this category include confronting the loss by talking to others about it, thinking about how the loved one died, and questioning why he or she died. Restoration orientation refers to the focus on secondary stressors that are also consequences of the loss. In the present study

restoration stressors included adjusting to changes that co-occur such as financial decline and abstaining from social events because it is considered inappropriate until a certain amount of time has passed. Additional research is needed; however, it appears that the DPM may be applicable to understanding how Albanians grieve.

### **Implications for Therapy**

One of the major goals of this study was to provide mental health professionals with some necessary tools to understand “normal” grieving in the Albanian population in order to provide the best possible help for bereaved individuals in this culture. One surprising finding in the present study was that attending individual therapy and taking part in a support group were the two least frequently engaged behaviors. This finding suggests that although most of the participants were living in the U.S. where therapy has become an accepted way of coping with grief and where college students have easy, inexpensive access to therapy through the university’s counseling centers, Albanian individuals may still be resistant to seek therapy. Thus, therapists should be aware of this resistance when working with Albanian individuals. Mental health providers who work with grieving Albanian clients should review the list of helpful behaviors in Table 2 before generating treatment plans to optimize the effectiveness of their recommendations. Mental health providers should also be mindful most Albanians abstain from social gatherings (e.g., holidays, celebrations, vacations, parties) when grieving. For example, one participant said, “He (friend) died March 27th. We were invited to do (a) 5 day tour in Sweden (Boras) in the first (few) days of April....We had the visa from (the) Swedish embassy....We paid for the visa. We discussed with each other: was it the time to enjoy ourselves?! So we decided not to go...” Another participant said the following about his friend’s

family, “The victim’s family stopped throwing parties and social gatherings that they were known for. It literally took the soul and will out of that family and everyone else surrounding it.” Thus, in the Albanian culture, abstaining from social gatherings is more extensive than just not going to a party or a dinner. Instead, it is not culturally appropriate to be celebrating something or enjoying oneself when someone has recently passed away and one is still grieving. Mental health providers should take these cultural norms into consideration when suggesting ways grieving Albanians could cope with their loss. For example, suggesting to a grieving client to go on a small vacation or to a party and try to enjoy themselves may not be appropriate with clients from this particular culture.

In the past, no previous studies had focused on the Albanian way of grieving. The present study filled this gap in the literature. Thus, now we have a general sense of how this population expresses their grieving behaviorally, emotionally, and cognitively. Although most expressed grieving in private, Albanians identified grieving with friends and family as the biggest aid to their grieving. In addition, the study found that certain outcome factors which have been shown to affect other grieving populations in the past, such as financial decline, religion, unexpected loss, and social support affected the Albanian populations as well. Overall, the present study provides mental health professionals with a sense of how Albanians grieve in general, what they find helpful, and what they abstain from, which may serve as a helpful guide when working with the Albanian population.

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## Appendix A

### Inventory of Complicated Grief (ICG-Revised)

**Inventory of Complicated Grief (ICG-Revised)**

Holly Prigerson, Ph.D., Stanislav Kasl, Ph.D., Paul K. Maciejewski, Ph.D.,  
Gabriel K. Silverman, B.A., Selby Jacobs, M.D., M.P.H.

1. The death of \_\_\_\_\_ feels overwhelming or devastating.
  - a. Almost never (less than once a month)
  - b. Rarely (monthly)
  - c. Sometimes (weekly)
  - d. Often (daily)
  - e. Always (several times a day)
2. I think about \_\_\_\_\_ so much that it can be hard for me to do the things I normally do.
  - a. Almost never (less than once a month)
  - b. Rarely (monthly)
  - c. Sometimes (weekly)
  - d. Often (daily)
  - e. Always (several times a day)
3. Memories of \_\_\_\_\_ upset me.
  - a. Almost never (less than once a month)
  - b. Rarely (monthly)
  - c. Sometimes (weekly)
  - d. Often (daily)
  - e. Always (several times a day)
4. I feel that I have trouble accepting the death.
  - a. Almost never (less than once a month)
  - b. Rarely (monthly)
  - c. Sometimes (weekly)
  - d. Often (daily)
  - e. Always (several times a day)
5. I feel myself longing and yearning for \_\_\_\_\_.
  - a. No sense of longing and yearning
  - b. Slight sense of longing and yearning
  - c. Some sense
  - d. Marked sense
  - e. Overwhelming sense

6. I feel drawn to places and things associated with \_\_\_\_\_.  
a. Almost never (less than once a month)  
b. Rarely (monthly)  
c. Sometimes (weekly)  
d. Often (daily)  
e. Always (several times a day)
7. I can't help feeling angry about \_\_\_\_\_'s death.  
a. Almost never (less than once a month)  
b. Rarely (monthly)  
c. Sometimes (weekly)  
d. Often (daily)  
e. Always (several times a day)
8. I feel disbelief over \_\_\_\_\_'s death.  
a. Almost never (less than once a month)  
b. Rarely (monthly)  
c. Sometimes (weekly)  
d. Often (daily)  
e. Always (several times a day)
9. I feel stunned, dazed, or shocked over \_\_\_\_\_'s death.  
a. No sense of being stunned, dazed, or shocked  
b. A slight sense of being stunned, dazed, or shocked  
c. Some sense  
d. A marked sense  
e. An overwhelming sense
10. Ever since \_\_\_\_\_ died, it is hard for me to trust people.  
a. No difficulty trusting others  
b. A slight sense of difficulty trusting others  
c. Some sense of difficulty trusting others  
d. A marked sense of difficulty trusting others  
e. An overwhelming sense of difficulty trusting others



11. Ever since \_\_\_\_\_ died, I feel like I have lost the ability to care about other people or I feel distant from people I care about.
- No difficulty feeling close or connected to others
  - Slight difficulty feeling close or connected to others
  - Some difficulty feeling close or connected to others
  - Marked difficulty feeling close or connected to others
  - Overwhelming difficulty feeling close or connected to others
12. I have pain in the same area of my body, some of the same symptoms, or have assumed some of the behaviors or characteristics of \_\_\_\_\_.
- Almost never (less than once a month)
  - Rarely (monthly)
  - Sometimes (weekly)
  - Often (daily)
  - Always (several times a day)
13. Are there any things you used to do before the death of \_\_\_\_\_ that you no longer do? (or people you used to see that you no longer see?)
- Yes
  - No
- 13a. If yes, how disturbing is it for you not to be doing these things or seeing these people?
- Not disturbing
  - Mildly disturbing
  - Moderately disturbing
  - Severely disturbing
  - Overwhelmingly disturbing
14. I go out of my way to avoid reminders of \_\_\_\_\_.
- Almost never (less than once a month)
  - Rarely (monthly)
  - Sometimes (weekly)
  - Often (daily)
  - Always (several times a day)

15. I go out of my way to avoid reminders that \_\_\_\_\_ is gone.

- a. Almost never (less than once a month)
- b. Rarely (monthly)
- c. Sometimes (weekly)
- d. Often (daily)
- e. Always (several times a day)

16. Sometimes people who lose a loved one feel uneasy about moving on with their life. To what extent do you feel that moving on (for example, making new friends, pursuing new interests) would be difficult for you?

- a. Moving on would not be difficult
- b. Moving on would be a little difficult
- c. Moving on would be somewhat difficult
- d. Moving on would be very difficult
- e. Moving on would be extremely difficult

17. I feel that life is empty or meaningless without \_\_\_\_\_.

- a. No sense of emptiness or meaninglessness
- b. A slight sense of emptiness or meaninglessness
- c. Some sense
- d. A marked sense
- e. An overwhelming sense

18. I hear the voice of \_\_\_\_\_ speak to me.

- a. Almost never (less than once a month)
- b. Rarely (monthly)
- c. Sometimes (weekly)
- d. Often (daily)
- e. Always (several times a day)

19. I see \_\_\_\_\_ stand before me.

- a. Almost never (less than once a month)
- b. Rarely (monthly)
- c. Sometimes (weekly)
- d. Often (daily)
- e. Always (several times a day)

20. I feel like I have become numb since the death of \_\_\_\_\_.

- a. No sense of numbness
- b. A slight sense of numbness
- c. Some sense
- d. A marked sense
- e. An overwhelming sense

21. I feel that it is unfair that I should live when \_\_\_\_\_ died.

- a. No sense of guilt over surviving the deceased
- b. A slight sense of guilt
- c. Some sense
- d. A marked sense
- e. An overwhelming sense

22. I am bitter over \_\_\_\_\_ 's death.

- a. No sense of bitterness
- b. A slight sense of bitterness
- c. Some sense
- d. A marked sense
- e. An overwhelming sense

23. I feel envious of others who have not lost someone close.

- a. Almost never (less than once a month)
- b. Rarely (monthly)
- c. Sometimes (weekly)
- d. Often (daily)
- e. Always (several times a day)

24. I feel like the future holds no meaning or purpose without \_\_\_\_\_.

- a. No sense that the future holds no purpose
- b. A slight sense that the future holds no purpose
- c. Some sense
- d. A marked sense
- e. An overwhelming sense

25. I feel lonely ever since \_\_\_\_\_ died.

- a. No loneliness
- b. Feel slightly lonely
- c. Feel somewhat lonely
- d. Feel markedly lonely
- e. Feel overwhelmingly lonely

26. It is difficult for me to imagine life being fulfilling without \_\_\_\_\_.

- a. Not difficult to imagine life being fulfilling
- b. Slightly difficult to imagine life being fulfilling
- c. Somewhat difficult
- d. Markedly difficult
- e. Overwhelmingly difficult

27. I feel that a part of myself died along with \_\_\_\_\_.

- a. Almost never (less than once a month)
- b. Rarely (monthly)
- c. Sometimes (weekly)
- d. Often (daily)
- e. Always (several times a day)

28. I feel that the death has changed my view of the world.

- a. No sense of a changed world view
- b. A slight sense of a changed world view
- c. Some sense
- d. A marked sense
- e. An overwhelming sense

29. I have lost my sense of security or safety since the death of \_\_\_\_\_.

- a. No change in feelings of security
- b. A slight sense of insecurity
- c. Some sense
- d. A marked sense
- e. An overwhelming sense

30. I have lost my sense of control since the death of \_\_\_\_\_.

- a. No change in feelings of being in control
- b. A slight sense of being out of control
- c. Some sense of being out of control
- d. A marked sense
- e. An overwhelming sense

31. I believe that my grief has resulted in impairment in my social, occupational or other areas of functioning.

- a. No functional impairment
- b. Slight functional impairment
- c. Some functional impairment
- d. Marked functional impairment
- e. Completely functionally impaired

32. I have felt on edge, jumpy, or easily startled since the death.

- a. No change in feelings of being on edge
- b. A slight sense of feeling on edge
- c. Some sense
- d. A marked sense
- e. An overwhelming sense

33. Since the death, my sleep has been...

- a. Not disturbed
- b. Slightly disturbed
- c. Moderately disturbed
- d. Very disturbed
- e. Extremely disturbed

34. How many months after your loss did these feelings begin? \_\_\_\_\_ months (0 = immediately)

35. How many months have you been experiencing these feelings? \_\_\_\_\_ months (0 = never)

36. Have there been times when you did not have pangs of grief and then these feelings began to bother you again?

a. Yes

b. No

37. Can you describe how your feelings of grief have changed over time?

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## Appendix B

### The Texas Revised Inventory of Grief

## The Texas Revised Inventory of Grief (Faschingbauer, 1981)

## PART I: PAST BEHAVIOR

Think back to the time the person died and answer all of these items about your feelings and actions at that time by indicating whether each item is Completely True, Mostly True, Both True and False, Mostly False, or Completely False as it applied to you after the person died. Check the best answer.

1. After this person died I found it hard to get along with certain people.

Completely True   Mostly True   True & False   Mostly False   Completely False

2. I found it hard to work well after this person died.

Completely True   Mostly True   True & False   Mostly False   Completely False

3. After this person's death I lost interest in my family, friends, and outside activities.

Completely True   Mostly True   True & False   Mostly False   Completely False

4. I felt a need to do things that the deceased had wanted to do.

Completely True   Mostly True   True & False   Mostly False   Completely False

5. I was unusually irritable after this person died.

Completely True   Mostly True   True & False   Mostly False   Completely False

6. I couldn't keep up with my normal activities for the first 3 months after this person died.

Completely True   Mostly True   True & False   Mostly False   Completely False

7. I was angry that the person who died left me.

Completely True   Mostly True   True & False   Mostly False   Completely False



8. I found it hard to sleep after this person died.

Completely True   Mostly True   True & False   Mostly False   Completely False

## PART II: PRESENT EMOTIONAL FEELINGS

Now answer all of the following items by checking how you presently feel about this person's death. Do not look back at Part I.

1. I still cry when I think of the person who died.

Completely True   Mostly True   True & False   Mostly False   Completely False

2. I still get upset when I think about the person who died.

Completely True   Mostly True   True & False   Mostly False   Completely False

3. I cannot accept this person's death.

Completely True   Mostly True   True & False   Mostly False   Completely False

4. Sometimes I very much miss the person who died.

Completely True   Mostly True   True & False   Mostly False   Completely False

5. Even now it's painful to recall memories of the person who died.

Completely True   Mostly True   True & False   Mostly False   Completely False

6. I am preoccupied with thoughts (often think) about the person who died.

Completely True   Mostly True   True & False   Mostly False   Completely False

7. I hide my tears when I think about the person who died.

Completely True   Mostly True   True & False   Mostly False   Completely False

8. No one will ever take the place in my life of the person who died

Completely True   Mostly True   True & False   Mostly False   Completely False

9. I can't avoid thinking about the person who died

Completely True   Mostly True   True & False   Mostly False   Completely False

10. I feel it's unfair that this person died.

Completely True   Mostly True   True & False   Mostly False   Completely False

11. Things and people around me still remind me of the person who died.

Completely True   Mostly True   True & False   Mostly False   Completely False

12. I am unable to accept the death of the person who died.

Completely True   Mostly True   True & False   Mostly False   Completely False

13. At times I still feel the need to cry for the person who died.

Completely True   Mostly True   True & False   Mostly False   Completely False

## Appendix C

### Multidimensional Scale of Perceived Social Support

**Multidimensional Scale of Perceived Social Support** (Zimet, Dahlem, Zimet, & Farley, 1988)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**  
 Circle the "2" if you **Strongly Disagree**  
 Circle the "3" if you **Mildly Disagree**  
 Circle the "4" if you are **Neutral**  
 Circle the "5" if you **Mildly Agree**  
 Circle the "6" if you **Strongly Agree**  
 Circle the "7" if you **Very Strongly Agree**

- |     |  |   |   |   |   |   |   |   |
|-----|--|---|---|---|---|---|---|---|
| 1.  | During the time of the loss, there was a special person who was around when I was in need. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2.  | There was a special person around with whom I shared my sorrows with during the loss.      | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3.  | My family really tried to help me during the time of the loss.                             | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4.  | I got the emotional support and help I needed from my family during the loss.              | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5.  | I had a special person who was a real source of comfort to me during the loss.             | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6.  | My friends really tried to help me during the loss.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7.  | I could count on my friends to help me when things were overwhelming during the loss.      | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8.  | I talked about my problems to my family during the loss.                                   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9.  | I had friends around with whom I shared my sorrows with during the loss.                   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. | There was a special person in my life with whom I shared my feelings with during the loss  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. | My family was willing to help me make decisions during the loss.                           | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. | I talked about my problems to my friends during the loss.                                  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

## Appendix D

### Bereavement Questionnaire

## Bereavement Questionnaire (Created by Dume, G., 2011)

**Please answer the following questions to the best of your ability. Please include as much information as possible for each question.**

1. What city are you currently living in? \_\_\_\_\_
2. What is your age? \_\_\_\_\_
3. What is your gender?
  - a. Male
  - b. Female
4. How long has it been since your loved one passed away? (in months).
5. Was the death of your loved one expected? Yes/ No. Please describe.
6. Have you had any other losses besides this one in the recent past? Yes/No. Please elaborate.
7. How would you rate the change in your financial income based on the death of your loved one (If multiple losses, please answer according to the most significant loss)? (Please circle one)
 

-3	-2	-1	0	1	2	3
Substantial decline	Moderate decline	Small decline	Did not change	Small increase	Moderate increase	Substantial increase
8. What was your relationship to the deceased? I was the deceased person's.....
9. How would you rate the relationship you had with the deceased (If multiple losses, please answer according to the most significant loss)?
 

-3	-2	-1	0	1	2	3
Extremely close	Close	Somewhat close	Neither close or distant	Somewhat distant	Distant	Extremely distant
10. What is your religion (e.g., Catholic, Muslim)? Did your religion have an impact in your way of coping with the loss? Did your religious beliefs influence how you coped with the loss? Please elaborate.

11. How religious/spiritual would you consider yourself to be?

0	1	2	3
Not at all	Very little	Somewhat	To a great extend

12. How did you cope with your loss (If multiple losses, please answer according to the most significant loss)? Please be specific.

13. How did you express your grief (If multiple losses, please answer according to the most significant loss)?

14. Were you open with your grief publicly or was it done mostly in private (If multiple losses, please answer according to the most significant loss)? Please explain instances when it was public and/or private.

15. What cultural, religious, family, and/or other rituals (if any) did you engage in to cope with you loss (If multiple losses, please answer according to the most significant loss)?

*Please circle yes or no to the below activities you have or have not participated in. For each activity you answered yes, please rate in terms of helpfulness:*

1= very unhelpful  
 2=not very unhelpful  
 3=moderate  
 4=very helpful  
 5=extremely helpful

Yes	No	1	2	3	4	5	Having a special meal with others to remember loved one
Yes	No	1	2	3	4	5	Speaking about loved one with others
Yes	No	1	2	3	4	5	Praying for the loved one
Yes	No	1	2	3	4	5	Doing things that the loved one enjoyed that you might not have done otherwise
Yes	No	1	2	3	4	5	Attending individual grief counseling or psychotherapy
Yes	No	1	2	3	4	5	Sorting and/or disposing the loved one's personal effects
Yes	No	1	2	3	4	5	Speaking to loved one through photographs or otherwise

Yes	No	1	2	3	4	5	Wearing or carrying something special to remember loved one
Yes	No	1	2	3	4	5	Giving things to others in memory of loved one
Yes	No	1	2	3	4	5	Attending a particular event because the loved one would have
Yes	No	1	2	3	4	5	Keeping a journal with thoughts about what has happened
Yes	No	1	2	3	4	5	Visiting the place where loved one passed away
Yes	No	1	2	3	4	5	Dressing differently because of what has happened
Yes	No	1	2	3	4	5	Visiting the grave or shrine of the loved one
Yes	No	1	2	3	4	5	Revisiting a place with special meaning to you and the loved one
Yes	No	1	2	3	4	5	Planting something in memory of the loved one
Yes	No	1	2	3	4	5	Displaying photographs of loved one at home, work or other places
Yes	No	1	2	3	4	5	Showing photographs of loved one to others
Yes	No	1	2	3	4	5	Organizing an event, or service other than the funeral for the loved one
Yes	No	1	2	3	4	5	Lighting a candle in memory of loved one
Yes	No	1	2	3	4	5	Taking up an interest the loved one enjoyed
Yes	No	1	2	3	4	5	Attending a support group
Yes	No	1	2	3	4	5	Writing a letter to loved one
Yes	No	1	2	3	4	5	Watching a TV program or movie that the loved one liked
Yes	No	1	2	3	4	5	Spending time with people that were special to the loved one
Yes	No	1	2	3	4	5	Listening to music you and the loved one enjoyed
Yes	No	1	2	3	4	5	Creating a memory book, scrapbook, album, etc.

16. Are there other rituals you engaged in that were not mentioned above? If so, please list or describe.



17. Please describe in a few words what took place at the funeral of the deceased (If one was held; e.g., how many people came, how people reacted, how you reacted, what type of ceremony was held, how long it was).
18. Are there activities that you abstained from partaking in because of what has happened (e.g., celebrations, gatherings, social events)? Yes/No. If so, please specify what they were and how long you abstained from them.
19. Were there any daily behaviors that you stopped partaking in because of what has happened (e.g., hobby)? Yes/No. If so, please specify what they were and how long you abstained from them.

20. During your time of loss, how often did you think about:

*0= not at all*  
*1=a little*  
*2=moderately*  
*3=quite a bit*  
*4=extremely*

Good memories of loved one	0	1	2	3	4
Bad memories of loved one	0	1	2	3	4
Thinking about how they died	0	1	2	3	4
Questioning why they died	0	1	2	3	4
Questioning your faith because of what has happened	0	1	2	3	4
Thought about how the future is going to be without your loved one	0	1	2	3	4
Things you wish you had done before the loved one passed	0	1	2	3	4
Regrets	0	1	2	3	4
Worrying about what the future holds	0	1	2	3	4

21. Describe some other thoughts that came to mind during your time of loss that were not mentioned above?

22. Please elaborate on what you found yourself mostly thinking about during your loss?
23. Did you find yourself avoiding thinking certain thoughts about your loss? If so, please specify.
24. Was most of your grieving process spent avoiding what had occurred or confronting it? Avoid/Confront. Please explain.
25. During the time of your loss, how often did you feel:

*0= not at all*

*1=a little*

*2=moderately*

*3=quite a bit*

*4=extremely*

Angry	0	1	2	3	4
Confused	0	1	2	3	4
Sad	0	1	2	3	4
On edge	0	1	2	3	4
Grouchy	0	1	2	3	4
Blue	0	1	2	3	4
Relieved	0	1	2	3	4
Hopeless	0	1	2	3	4
Unworthy	0	1	2	3	4
Spiteful	0	1	2	3	4
Fatigued	0	1	2	3	4
Annoyed	0	1	2	3	4
Discouraged	0	1	2	3	4
Resentful	0	1	2	3	4
Uneasy	0	1	2	3	4
Restless	0	1	2	3	4
Lonely	0	1	2	3	4
Miserable	0	1	2	3	4

Bitter	0	1	2	3	4
Anxious	0	1	2	3	4
Desperate	0	1	2	3	4
Rebellious	0	1	2	3	4
Helpless	0	1	2	3	4
Furious	0	1	2	3	4
Terrified	0	1	2	3	4
Guilty	0	1	2	3	4
Worthless	0	1	2	3	4

26. Describe some other emotions that you felt during your time of loss that were not mentioned above.

27. What emotions would you say you displayed the most during the time of your loss?

28. What did you find most helpful during the time of your loss?

Table 1

*Percentage of rituals practiced*

Ritual	%
Speaking to others about the loved one	97.9
Displaying photos of the loved one at home or in the workplace	89.4
Showing photos of loved one to others	89.4
Spending time with people that were special to the person who passed	87.2
Lighting a candle for the loved one	85.1
Having a special meal with others to remember the loved one	83.0
Praying for the loved one	80.9
Visiting the grave or shrine of loved one	78.7
Wearing something to remember the loved one	76.6
Visiting the place where the loved one passed	72.3
Speaking to loved one through photos	68.1
Revisiting a place with special meaning to you and loved one	68.1
Listening to music you and your loved one enjoyed	68.1
Creating a memory book, scrapbook, album	61.7
Doing things loved one enjoyed that you might not have done otherwise	57.4
Giving things to others in memory of the loved one	57.4
Organizing an event, or service other than funeral for loved one	55.3
Dressing differently because of what happen	53.2

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Taking up an interest the loved one enjoyed	48.9
Watching a TV program or movie the loved one would have liked	48.9
Attending a particular event because the loved one would have	46.8
Planting something in memory of the loved one	46.8
Sorting and/or disposing personal effects of the loved one	42.6
Keeping a journal with thoughts about what happen	40.4
Writing a letter to the person who passed	25.5
Attending a support group	25.5
Attending individual therapy	19.1

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Table 2

*The frequency and percentage of individuals who found the top ten rituals practiced as either “very helpful” or “extremely helpful”*

Ritual	Frequency	%
Speaking to others about the loved one	38	84.4
Spending time with people that were special to the person who passed	33	82.5
Lighting a candle for the loved one	31	79.5
Having a special meal with others to remember the loved one	29	76.3
Praying for the loved one	28	75.6
Displaying photos of the loved one	29	70.7
Visiting the grave or shrine of loved one	25	69.4
Showing photos of loved on to others	24	58.5
Visiting the place where the loved one passed	18	54.5
Wearing something to remember the loved one	19	54.2

Table 3

*The percentage of displayed emotions*

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Emotion	%
Sadness	93.6
Anger	63.8
Confusion	63.8
Discouragement	61.7
Fatigue	61.7
Loneliness	59.6
Blue	59.6
On edge	57.4
Grouchy	57.4
Miserable	55.3
Desperate	55.3
Anxious	53.2
Restless	53.2
Uneasy	51.1
Bitter	46.8
Hopeless	46.8
Resentful	44.7
Helpless	44.7

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Furious	40.4
Terrified	38.3
Spiteful	31.9
Unworthy	27.7
Rebellious	25.5
Worthless	25.5
Relieved	8.5

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Table 4

*Adjustment scales means for type of loss, gender, and number of losses.*

	Expected		<i>t</i>	df	Gender		<i>t</i>	df	More than one Loss		<i>t</i>	df
	Yes	No			Male	Female			No	Yes		
TRIG-Present	37.83 (13.99)	49.60 (10.43)	-3.16**	41	39.47 (13.77)	47.72 (12.19)	-2.04	42	43.13 (13.24)	46.86 (13.20)	-.93	42
TRIG-Past	18.72 (9.23)	22.16 (7.42)	-1.35	41	21.73 (8.99)	20.34 (7.93)	.53	42	21.04 (9.08)	20.57 (7.41)	-.19	42
ICG-R Traumatic	20.83 (9.19)	22.96 (8.77)	-.76	40	20.60 (9.22)	23.07 (8.71)	-.85	41	21.96 (9.03)	22.50 (8.89)	.20	41
ICG-R Separation	9.11 (3.82)	10.17 (3.71)	-.90	40	9.07 (3.51)	10.25 (3.93)	-.98	41	9.70 (3.82)	10.00 (3.85)	.26	41

Note. \* =  $p \leq .05$ , \*\* =  $p \leq .01$ .

Table 5

*Correlations between age and social support and outcome measures.*

Measure	TRIG-Present	TRIG-Past	ICG-R Traumatic	ICG-R Separation
Income	-.33*	-.14	-.32*	-.29
Age	.01	-.17	-.08	-.24
Religion/Spirituality	-.22	-.13	-.44*	-.34*
Social Support	.34*	.09	.32*	.25

\*. Correlation is significant at the 0.05 level (2-tailed)